PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10676002

CLAIMS AS FILED - PART I								MALL E	ENTITY		OTHE	RTHAN
(Column 1) (Column 2)								YPE [OR		ENTITY
TOTAL CLAIMS			36		-		ŀſ	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			36 mi	nus 20=	* 16	1/6		X\$ 9=		OR	X\$18=	288
INDEPENDENT CLAIMS			7 minus 3 = * 9					X43=	1	OR	X86=	344
М	JLTIPLE DEPE	NDENT CLAIM F	RESENT -					+145=		1	+290=	347
*	f the difference	e in column 1 is	less than zero, enter "0" in column 2			column 2	L	TOTAL		OR OR	TOTAL	1402
CLAIMS AS AMENDED - PART II								TOTAL	L	104		
_	(Column 1) (Column 2) (Col							SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
•								TOTAL		┨ _{╱╴} ╏	TOTAL	
		(Column 1)		(Colum	ın 2\	(Column 3)	AD	DIT. FEE		_	ADDIT. FEE	
~		CLAIMS		HIGHE	ST				ADDI-	7 r		4551
AMENDMENT B		REMAINING AFTER		NUMB PREVIO		PRESENT EXTRA		RATE	TIONAL	1 1	RATE	ADDI- TIONAL
		AMENDMENT		PAID F					FEE] [FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	•
	Independent	* NTATION OF ML	Minus	***	21.4144	=		X43=		OR	X86=	
	THOTTHEOL	MATION OF MC	LIPLE DEP	ENDENT	CLAIM			+145=		OR	+290=	
								TOTAL		OR ,	TOTAL	
		(Column 1)		(0.51	- 0\	(0.1 0)	ADI	DIT. FEE		O11 A	DDIT. FEE	
	`	CLAIMS		(Columi		(Column 3)						
5 L		REMAINING AFTER		NUMBE PREVIOU		PRESENT	1.	RATE	ADDI-		RATE	ADDI-
		AMENDMENT		PAID FO		EXTRA	'		TIONAL FEE			TIONAL FEE
	Total	*	Minus	**		=		(\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		(43=		 	Voc	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							140=		OR	X86=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
T	he "Highest Numi	nber Previously Paid ber Previously Paid	For" (Total or	SPACE is I	ess than t) is the h	3, enter "3." lighest number			opriate box			